## ISSUE SLIP STAPLE AREA (for additional cross references) ID NO. DATE INITIALS **POSITION FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW **INDEX OF CLAIMS** ..... Non-elected ..... Rejected ..... Interference ..... Allowed (Through numeral)... Canceled A ..... Appeal O ..... Objected ..... Restricted Claim Date Date Date Flnal Original Original 4 V 6 1 7 V 154. 18 1 (19) (20) V BEST AVAILAGE If more than 150 claims or 10 actions staple additional sheet here

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